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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/810,020	
	Filing Date	March 26, 2004	
	First Named Inventor	Lin, Henry C.	
	Art Unit	1645	
	Examiner Name	Rodney P. Swartz, PH.D.	
Total Number of Pages in This Submission	13	Attorney Docket Number	04-11US

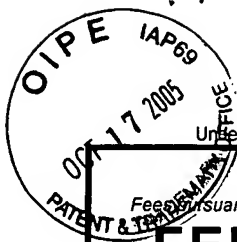
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply to 07/14/2005 Office Action, 9 pages	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimers (2) Form PTO/SB/25 and PTO/SB/26	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement, by Applicant Form 1449,	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement, by Attorney 2 pages	<input type="checkbox"/>	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Nasatech Pharmaceutical Company Inc.	
Signature		
Printed name	Peter J. Knudsen	
Date	October 14, 2005	Reg. No. 40,682

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, and also by facsimile to (571) 272-0865 on the date shown below.		
Signature		
Typed or printed name	Patricia J. Utter	Date October 14, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/8/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Complete if Known☐ Applicant Claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**260.00**

Application Number	10/810,020
Filing Date	3/26/2004
First Named Inventor	Henry C. Lin
Examiner Name	Rodney P. Swartz, PH.D.
Art Unit	1645
Attorney Docket No.	04-11US

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 502769 Deposit Account Name: Natestch Pharmaceutical Company Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	
Multiple dependent claims	360	
Total Claims	Extra Claims	Fee (\$)
/ 2 - 20 or HP = 0	x	= \$ 0.00
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee (\$)
/ 2 - 3 or HP = 0	x	= \$ 0.00
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
2	- 100 = 0	/ 50 = 0 (round up to a whole number)	x	= \$ 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

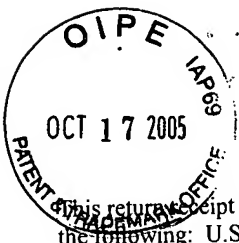
Other: Statutory Disclaimer/Terminal Disclaimer Fee \$130.00 X 2

260.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 40,682	Telephone (425) 908-3643
Name (Print/Type)	Peter J. Knudsen, Esq.		Date October 14, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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This return receipt postcard acknowledges receipt by the U.S. Patent Office of the following: U.S. Utility Patent Application:

Title: METHODS FOR MANIPULATING UPPER GASTROINTESTINAL TRANSIT, BLOOD FLOW, AND SATIETY, AND FOR TREATING VISCERAL HYPERALGESIA

Inventor: Henry L. Lin Assignee: Cedars Sinai Medical Center

Mailed to the Commissioner for Patents: October 14, 2005

☒ Transmittal Form

☒ Fee Transmittal PTO/SB/17

☒ Response to the 07/24/05 Office Action/Amendment, 9 pages

☒ Terminal Disclaimer Form PTO/SB/25 for the pending "reference" application

☒ Terminal Disclaimer Form PTO/SB/26 for the pending "prior" patent

Attorney Docket No.: 04-11US